

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL GEP ADMINISTRATIVE SERVICES, INC. EMPLOYEE PAC		
(b) Number and Street Address 2350 KERNER BLVD., SUITE 250		2. FEC IDENTIFICATION NUMBER C00491571
(c) City, State and ZIP Code SAN RAFAEL CA 94901		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. STATUS BY QUALIFICATION:

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	CHARLES E. SCHUMER	Senate	NY	03/05/2013
(ii)	STENY HOYER	House	MD 05	05/31/2016
(iii)	JOSEPH CROWLEY	House	NY 14	01/27/2014
(iv)	TOM REED	House	NY 23	01/27/2014
(v)	RONALD WYDEN	Senate	OR	06/06/2014

(b) Contributors: The committee received a contribution from its 51st contributor on: 06/21/2016.

(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/30/2010.

(d) Qualification: The committee met the above requirements on: 06/21/2016.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER ARMEEN KOMEILI	SIGNATURE OF TREASURER ARMEEN KOMEILI [Electronically Filed]	DATE 06/21/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.